

<b>ELECTION OF RESERVE PAY AND ALLOWANCES OR BENEFITS FROM PRIOR MILITARY SERVICE</b> (PRIVACY ACT OF 1974 APPLIES — SEE REVERSE)												DATE		
TYPED IDENTIFICATION DATA OF RESERVIST (Name, Grade, SSAN, Address)								UNIT OF ASSIGNMENT						
<b>I — DECLARATION OF BENEFITS RECEIVED</b>														
<p>I certify that I <input type="checkbox"/> am <input type="checkbox"/> am not drawing a pension, retired pay, or disability compensation from any United States Government agency because of prior military service. I further certify that I <input type="checkbox"/> have <input type="checkbox"/> have not a claim pending with any United States Government agency for any of the aforementioned types of compensation. I understand that I may not accept both pay and allowances and a pension, retired pay, or disability compensation for any periods I have served on active duty, active duty training, or inactive duty training. I further understand that at any time my situation changes, I must report each change to my Personnel Officer immediately. (10 USC 684)</p>														
SIGNATURE OF RESERVIST														
<b>II — ELECTION TO RECEIVE PAY AND ALLOWANCES IN LIEU OF BENEFITS</b>														
I hereby waive <input type="checkbox"/> retired pay <input type="checkbox"/> VA benefits for each day of active duty, active duty training or day in which one or more periods of inactive duty training is performed during fiscal year _____ as shown in schedule below.								VA CLAIM NO.		VA OFFICE				
TYPE OF TRAINING		SCHEDULE OF TRAINING											TOTAL	
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
ACTIVE DUTY DAYS														
* AFTP DAYS														
* DAYS UTAS SCHEDULED														
*(Show only the number of days on which UTAs/AFTPs are performed and not the number of UTAs/AFTPs performed during a single day.										TOTAL DAYS WAIVED				
SIGNATURE OF RESERVIST														
<b>III — ELECTION TO RECEIVE BENEFITS IN LIEU OF PAY AND ALLOWANCES</b>														
<p>I hereby elect to waive pay and allowances for fiscal year _____ while on active duty, active duty training and inactive duty training in lieu of benefits I am receiving from _____. I understand that this election precludes my entitlement to receive any pay and allowances authorized for inactive duty training and while on active duty training including travel and other expenses incident thereto. I agree to pay all of my transportation expenses and all meals furnished by Government mess. I further agree to reimburse the Government for such expenses incurred on my behalf. This waiver will remain in effect for the entire fiscal year or remainder thereof or until such time as I may change my election during fiscal year _____.</p>														
SIGNATURE OF RESERVIST														
<b>IV — SUPPLEMENTAL WAIVER</b>														
<p>This section is to be used only when a previously filed AF 1962 did not include total training actually performed, or which is to be performed. I hereby waive <input type="checkbox"/> retired pay <input type="checkbox"/> VA benefits for the additional days of active duty, active duty training, and/or days in which I performed one or more periods of inactive duty training during fiscal year _____, which were not included in my initial schedule of training.</p>														
TYPE OF TRAINING		SCHEDULE OF TRAINING											TOTAL	
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
*(Show only the number of days on which UTAs/AFTPs are performed and not the number of UTAs/AFTPs performed during a single day.										TOTAL DAYS WAIVED				
SIGNATURE OF RESERVIST														
<b>V — RECOUPMENT OF BENEFITS WAIVED FOR TRAINING NOT PERFORMED</b>														
<p>I declare that I was a member of (Unit) _____ during fiscal year _____ from (date) _____ to (date) _____ and qualified to receive pay for active duty, active duty training and/or inactive duty training for _____ days, as indicated by the above revised schedule of training (complete schedule in Item II to show only days of training actually performed). I hereby apply for _____ days (type of benefit) _____ as the difference between the days I waived and the days for which active duty, active duty training and/or inactive duty training pay received.</p>														
SIGNATURE OF RESERVIST						SIGNATURE OF CBPO				DATE				
Recoupment data verified as correct						VERIFIED BY (Signature)				DATE				